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ABSTRACT

This report describes a model which was implemented in Broward County, Florida for the provision of psychological services in non-public schools. The major goals of the model are identified: (1) to increase teachers' awareness of types of academic/behavioral difficulties in need of assessment; (2) to increase parents' awareness of available services; (3) to provide evaluations of 14 youngsters; and (4) to provide follow-up consultation. The problems faced by private schools, especially the need for student assessments, are discussed, and a literature review traces the trends in school psychology over the years. Program evaluation is described and two types of evaluation data, enumerative and process, are explained. A consultation model of school psychology is outlined and a step-by-step assessment paradigm is reviewed. The results, conclusions, and recommendations of the program are discussed. The appendices contain needs assessment forms and data tables, an evaluation of objectives chart, a summary of enumerative data, and a dissemination package for school psychology consultation. (BL)

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Center for the
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School Psychology Consultation:
A Successful Model For The Non-Public
School

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NOVA UNIVERSITY

School Psychology Consultation:
A Successful Model For The Non-Public School

by

Stuart F. Langenthal

Cluster 13

A Practicum Report Presented to the Ed.D. Program
In Early Childhood
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Education

NOVA UNIVERSITY

1985

Abstract

School Psychology Consultation: A Successful Model For The Non-Public School
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Descriptors: School Psychology/Private Schools/ Consultation/Assessment/Early Childhood/Evaluation of Services

This practicum addressed the needs of a local parochial school as they related to the provision of psychological services [at the school location]. Psychological/psychoeducational assessment and follow-up consultation were seen as a primary need.

The writer's goals were: (1) To make teachers cognizant of the types of academic/behavioral difficulties which might necessitate an evaluation; (2) To make parents aware of the psychological services which were available; (3) To provide a written evaluation of a child's current psychoeducational status; and (4) To provide follow-up consultation.

Fourteen youngsters were evaluated, [with three youngsters found to be in need of special education and/or a special school placement]. The evaluation of services (general delivery system, psychological report, recommendations) exceeded pre-set expectations. The lack of support personnel (guidance/reading specialist, etc.) impeded the implementation of the recommendations. Dissemination of this consultation model via printed material and workshops has begun.

Acknowledgements

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CHAPTER I

INTRODUCTION

Broward County is located in Southeast Florida and is bordered by the Atlantic Ocean on the East, Palm Beach County on the North, Dade County on the South and the Everglades area including portions of Hendry and Collier Counties on the West. Broward County was established in 1915 and was named after Napoleon Broward, who was the Florida Governor from 1905-1909.

Broward County covers approximately 1218 square miles. Its elevation is approximately seven-eight feet. The County includes twenty autonomous cities, each with their own governmental structure. A County Commission, comprised of elected city representatives, is the governing body for the County, setting County ordinances, taxes, etc.

According to the 1980 census, Broward's population was 1,014,043. This figure represents a 63.5 percent increase since the 1970 census (population - 620,000). While much of this growth can be attributed to migratory factors, the rate of live births also increased during this time period (nearly 4 percent). The 1980 census indicated that the population included 887,992 caucasians, 113,582 blacks, 1,386 American Indians, 4918 Asian/Pacific Islanders and 6165 classified as "other". (Florida Alamanac, 1983)

While Southeast Florida is often seen as a retirement haven, statistics indicate that less than one-quarter of Broward's population are social security recipients. Approximately twenty percent of the populace receive social security. While this figure represents twice the national average, eighty percent of the population may thus not be classified as "retired".

The average household income as reported in 1980 was $20,921. Ten percent of the population had incomes over $40,000, while thirty-one percent had incomes in the $20,000-39,000 range. Broward's average income ranked fifth in the state, behind such counties as Dade, Palm Beach, Indian River and Seminole.

Public education in Broward County is centrally organized. There is a seven member elected school board, an appointed superintendent and three appointed area superintendents, (who supervise three large geographic areas within the county). During the 1981-82 school year, 127,758 children were enrolled in K-12 programs. Current figures are comparable. Approximately eighty percent of these youngsters are Caucasian, with fifteen percent Black and five percent Spanish/other. Population shifts within the County indicate that the older more established eastern areas have had declining enrollments, with several schools slated to be closed. Growth in Western Broward County

has been great. Recently three new high schools, and several middle and elementary schools have been built to accommodate this population.

Private schools within Broward County have a combined enrollment of approximately twenty thousand youngsters. The Archdiocese of Miami, which covers the geographic area from Miami in the South to West Palm Beach in the North, supervises eighteen parochial schools. These schools are considered 'neighborhood schools' and may attract youngsters from four or five surrounding cities.

Parochial School B is an area school serving the cities of Davie, Hollywood, Cooper City and Pembroke Pines in Southern Broward County. According to current school figures, Parochial School B has five hundred and thirty children registered in grades K-8. The staff consists of twenty-five full time teachers and one principal. There are no guidance counselors or administrative assistants. Classes are grouped heterogenously, with two classes on each grade level.

The student population is composed of 87.6 percent Anglo-American, 12 percent Spanish, 13 percent Oriental and .3 percent Black. The occupational status of families of enrolled students were: professional 10 percent, skilled labor 35 percent, services 12 percent, self-employed 22 percent, and managerial 21 percent.

The school's curriculum, as outlined in the most recent self study (1982-83) includes the following areas: Religion, Language Arts, Reading, Math, Social Studies, Science, Physical Education and Art. As noted earlier, while there are no special guidance services, these functions are handled via contact with the principal, pastor, etc. Out of school resources, such as private psychologists, Catholic Service Bureau, the public school system, etc., are utilized when counseling or testing services are warranted. Additionally, the writer has maintained a professional liaison with Parochial School B in an effort at providing a portion of the aforementioned guidance/psychological services.

The writer is a certified and licensed school psychologist employed four days per week by the School Board of Broward County. In this capacity, the writer services one middle school located within the City of Coral Springs in Northwest Broward County. In addition, the writer maintains a part time private practice in school psychology/child-adolescent counseling. This practice is located in the City of Tamarac which is in the Western portion of the County.

State certification as a "Specialist in School Psychology" and either a supervised internship or satisfactory experience as a professional psychologist comprise the qualifications for employment as a public school psychologist. School psychologists who are licensed by the Department of Professional Regulations (as opposed to the Department of Education) for private practice must have completed education at the sixty credit Specialist or Doctoral level, have completed an internship and must have attended a National Association of School Psychologist approved training program. Licensure and certification are not reciprocal. Certification is necessary for public school employment; licensure is not. Many school psychologists who are currently certified do not meet the educational requirements for licensure (figures are unavailable).

The following services are provided in the writer's capacity as a licensed School Psychologist and Mental Health Counselor:

- Psychoeducational Assessments
- Intellectual Evaluation
- *Learning Disability Testing*
- Behavioral Assessment
- Parent Counseling
- Child/Adolescent Counseling
- Tutoring (by associates)
- Consultation
- Pre-School Developmental Assessment

During the 1983-84 school year, approximately sixty-five (65) families were seen as clients at the writer's private office. While a majority of these clients were referred either through the family pediatrician or through the public schools, approximately ten percent of these families were referred from private schools. Ninety percent of these private school referrals emanated from Parochial School B. The services requested were primarily assessment related. Follow-up with classroom teachers was generally completed via telephone. There was no opportunity to evaluate the effectiveness of these consultative services. It was assumed, however, that the continued

generation of referrals was reflective of acceptable service delivery.

CHAPTER II

STUDY OF THE PROBLEM

During the 1983-84 school year, eighty-two percent of the faculty at Parochial School B sought consultation/guidance regarding their students' progress (See Appendix B). Consultation generally occurred between and among faculty members and/or with the school's administrator (Principal). During that same school year, there was no provision for on-campus guidance services (certified guidance counselor). Several teachers provided remedial reading assistance, and these individuals apparently provided an additional consultation resource. Lastly, there were no provisions for school psychological assistance (on campus). The aforementioned consultations resulted in seven youngsters being referred for testing within the public schools. Five youngsters were referred to this writer for private assessment and three youngsters were referred for reading assessments by private consultants. A number of the youngsters who were referred for public school assessments were ultimately identified as "gifted" (figures unavailable). One youngster (who was evaluated by this writer) qualified for Specific Learning Disability assistance at the public school, but did not enroll. The remaining youngsters (who were evaluated by this writer) manifested various degrees of learning and/or behavioral

difficulties and were assisted via consultation between the writer and the classroom teacher.

In reviewing school records it became apparent that the aforementioned referrals emanated from a small portion of the staff (three teachers). Thus, while eighty-two percent of the faculty sought guidance regarding their students' progress, less than twenty-five percent referred youngsters for assessment. Lastly, it should be noted that of this earlier group, few (less than 10 percent) had the opportunity to confer with the public school psychologist.

In discussing these discrepancies with the school administrator, it was noted that only those youngsters who were manifesting "serious" academic or behavioral difficulties (not defined operationally) were considered appropriate for assessment. The remaining youngsters were afforded whatever additional assistance might have been available at the school (e.g. review of standardized test scores, conferences with the principal, parents, etc.)

Historically, private parochial schools have not had the financial resources to hire significant numbers of support staff. Additionally, the availability of <u>private school psychology</u> services has been absent. Many of these private parochial schools attract a highly

motivated homogenous group of children. Those chidren whose subsequent needs are not met by the school are either enrolled in the Public School or the parents pursue an alternate private school placement. These factors not withstanding, the services of guidance and particularly school psychological personnel appears to have been a desirable but costly commodity. Additionally, the current method of referring youngsters to private offices and/or to the public schools tends to leave the referring teacher (and child) with a gap in services...particularly on-going consultation.

The current problem has been one in which a private parochial school demonstrated need for school psychological services, but lacks the structure and organization for the delivery of such services. Efforts at circumventing this situation via 'outside' consultative services had been somewhat beneficial though quite limited.

Causes of the Problem

Private school education (i.e. religious schools) while attempting to maintain high standards and attract sizeable numbers of youngsters, has historically been somewhat more rigid in terms of curriculum and have likewise been less affected by governmental bureaucracy. Most recently, the passage of the Education for All Handicapped Act (PL-94-142) (Federal Register 1977), while specifically omitting private schools from the

legislative mandate for provision of services to potentially handicapped youngsters, did mandate the public sector to provide these diagnostic and remedial services.

This writer has observed and participated in the mandate as part of his role as a public school psychologist. More often than not, private school youngsters and their parents are not seen as favored clients within the public schools. These youngsters become a part of the special education maze- from referral for testing, to possible exceptional educational placement, yet such factors as being provided with a "speedy" evaluation or having access to public transportation if placed in a special education program may not be equivalent to the public school youngsters' rights and privileges. The issue of transportation is a case in point. The responsibility of such transportation falls on the parents of the private school youngsters.

A more important issue emerged however when we considered the large number of private school youngsters who might have benefitted from psycho-educational intervention but whose difficulties may not have been seen as "severe" enough for "special education" consideration. As alluded to earlier, it is these youngsters who have historically been 'forgotten' both at the private school as well as in the public school.

The role of the school psychologist, has despite these difficulties been defined by the system within which he/she operates. The freedom to provide services to private school youngsters as a self-employed school psychologist has been limited--although as will be discussed, these opportunities are becoming increasingly more available. The apparent needs of the service delivery provider and potential recipient of services were thus clear.

Literature Review

During the first quarter of this century, a need arose to identify school age youngsters who were considered to be mentally retarded (Bardon, 1982). In response to this need, universities began offering courses to train individuals to administer and interpret the Stanford Binet Intelligence Scale. By 1950, "thirteen states and the District of Columbia certified psychometric personnel using a wide variety of titles including School Psychologist, Clinical Psychologist, Psychometrist or simply Tester" (Bardon, 1982). Bardon further suggests that the role and functions of school psychologists have not changed dramatically over the past fifty years. He notes that state (and Federal) legislation has played a major role in creating a narrow role definition for school psychologists. The evolution of school psychology practice has been limited even further by professional guild issues that have erupted between the American Psychological Association (APA) and the National Association of School Psychologists (NASP) (Brown, 1982). The issuing of credentials, the exclusivity of the title "School Psychologist", etc., have apparently left the school psychologist with what Brown (1982) describes as an "identity crisis". Is the school psychologist to be considered a psychologist practicing

within the schools or an educator with training in psychology? (Brown 1982).

While the current roles of school psychologists are distinctly defined by State Education Departments, NASP has, through its association with the National Council for Accredidation of Teacher Education (NCATE), been active in advocating specific levels and quality of training. (Bersoff 1982). The current training level advocated includes sixty graduate hours (including an internship). NASP views this as training which is broad enough to meet both state certification levels, as well as private practice credentials.

The impact of the NASP/NCATE alliance (vis a vis licensing and private practice,) was recently felt in the State of Florida, where an omnibus Psychological Services Act, encorporating many of the NASP/NCATE training requirements was enacted into this legislation. This legislation established private practice credentials for sub-doctoral school psychologists (Florida Statutes, Chap. 490, 1979).

The licensing of school psychologists (which followed several years of 'sunsetted' licensing statutes), has been one of the many positive moves in the direction of expanded roles for school psychologists.

Public Law 94-142 (Federal Register, 1977), often looked upon as limiting school psychologist functions may, when carefully examined, be seen as expanding the school psychologist professional functioning. Thus the extension of services to the 0-5 and 18-21 year old age group, the demand for more comprehensive psychoeducational evaluations, the mandating of 'team' decisions, etc. have forced school psychologists to examine their traditional service delivery models. (Guidabaldi, 1982). In some instances, this has led to the development of such 'new' specialties as "pre-school psychology" and "vocational school psychology". (Trachtman, 1981) In other instances school psychologists have expanded or refined traditional tools and delivery vehicles (i.e. consultation skills, etc.)

While the literature is replete with suggestions as to expanded roles, school psychologists are likewise reminded of their limitations as well as of a forboding future. Shafer (1982) while describing school psychology as a "vibrant, active" profession also views the profession as "being squarely under the thumbs of school administrators". She continues by describing the trend towards putting psychologists under the supervision of special education..."where the money is". One wonders how school psychology and special education services will fare under future possible budget cuts.

Cardon (1982) describes several future scenarios for education as well as for the practice of school psychology. While he eventually forsees the demise of PL 94-142 and significantly reduced functioning, he notes that this will afford school psychologists opportunities that they have only "dreamed about" (in the past). Cardon cites future roles for school psychologists in public relations, in consultation, etc. He further notes that many school psychologists may be associated with private counseling firms, which will provide contract services. In short, a situation which at first appeared to restrict practice, may eventually result in expanded opportunities for employment. However, (emphasis mine,) "only those who are actually prepared to provide the needed services may survive impending changes in public education". (Cardon 1982).

Trachtman (1981) echoed these concerns by stressing that school psychologists "must possess a package of assessment, intervention and evaluation skills. Well trained school psychologists should be capable of the maximum transfer of training, continued self teaching, exploration of new techniques, new skill development and periodic retooling."

School psychology practice is thus at a crossroad. The practitioner who is employed by a public institution (i.e. public school), will, despite eloquent appraisals

of future roles and responsibilities, need, as Trachtman (1981) suggests, to be well prepared. This preparation for "future shock" has been felt most strongly in school psychology's drive towards autonomous functioning. Harries (1982) for example discusses the school psychologist as a private practitioner. His 'nuts and bolts" discussion of private practice may indeed be eye opening for those considering this option. Roosa (1982) describes the stark realities of private practice, his ultimate disillusionment with the private sector and his re-employment with the public schools.

While the allure of private practice is still apparent, school psychologists need to recall that they are "wed" to both education and psychology (Brown 1982). Is private practice then a contradiction in terms for the school psychologist?

If private practice is viewed from a clinical or medical model perceptive, we might answer this in the affirmative. The emerging concept of service contracting, though alien and perhaps "threatening" to the public school psychologist may however be a private practice option for those school psychologists interested in such practice (Shaffer, 1982). Some writers (Stewart-Lester, 1982) have even proposed that the contracting of routine testing cases may free the <u>public school</u> psychologist to pursue more of a consultative

model! Where contracting has been pursued within the local public schools, resistance has however surfaced (Personal communcation-Dade Association of School Psychologists).

The provision of similar contractual services for the private schools has met with greater success (and less resistance). A recent issue of the NASP Communique (Spring 1984) gave a favorable review to PSI Inc. and their private consulting services to schools in Ohio.

The foregoing discussion of the current and potential roles for school psychologists should, as noted, be viewed cautiously in light of the school psychologists' limited training within the realms of private practice, consultation and program evaluation. The school psychology literature has however been surveying the latter areas (consultation and evaluation) in an apparent attempt to fill a critical knowledge gap.

School psychologists' involvement in consultation practices within the schools has been suggested as an alternative to the traditional medical model of service delivery (i.e. referral-assessment-treatment) (Gutkin and Curtis, 982). These same authors suggest, however, that "a marriage between consulting and the psychometric role could come about quite easily". Psychometric assessment could thus be viewed as one aspect of data gathering. Teacher observations, behavioral analysis and other non-normative sources of information, would in addition to test scores be utilized to formulate approaches to intervention.

A 1980 survey of consultative practices of school psychologists suggested that at least 20-30 percent of their functioning involved consultation related activities (Martin and Meyers, 1980). Interestingly, a

majority of this consultation was related to post assessment activities. The respondents further suggested that this type of consultation was desired by school personnel. Note should be taken that of those surveyed, a majority relied on "life experiences and on the job training" as the primary source of training. (Martin and Meyers, 1980)

Pre-service training for school psychologists should however be a goal here. Psychologists' understanding of such factors as organizational climate (as it relates to receptivity for change), attribution theory and service delivery models are mandatory antecedents for practice (Gutkin and Curtis, 1982, Martin, 1983, Bossard and Gutkin, 1983).

As suggested, the school psychologists' first priority is to evaluate the organizational climate of the setting in which a consultation model will be implemented. Such factors as the propensity for school innovations, the school's mental health climate and teacher job satisfaction, etc., are intimately linked to successful consultation. "The more open the climate of the school, the more favorable the teachers attitude toward mental health consultation" (Bossard and Gutkin, 1983) Once a positive climate is ascertained, the school psychologist will need to become aware of factors intrinsic to the consultant/consultee relationship. One

notes here that, for example, each participant approaches consultation with a particular bias...that is, each will attribute certain factors to the other (which will then promote or detract from the consultative process.) Teachers will thus often attribute factors pertaining to a particular child as the primary variable(s) affecting the child's performance. This predisposition will often cause the teacher to overlook his/her own role as a contributing factor. Likewise, consultants will, for example, attribute consultee "defensiveness" as a rational explanation for program failure, while not exploring deficits in his/her own interaction (Martin, 1983).

Once these factors are recognized the consultant will need to develop a conceptual framework from which to operate. Gutkin and Curtis (1982) and Knoff (1984) outline three consultative models which are of use in the educational setting: "Behavioral", "Problem solving" and "Multimodel". The latter model is most encompassing in that it examines a child's "ecosystem" (family, community, agencies, legal system, etc.,) and the myriad of effects on the child's functioning. When effectively used, this model appears to encompass both the Behavioral and Problem Solving models. This indirect delivery of services (i.e. school consultation)

may, when combined with a traditional psychometric approach thus prove quite effective.

Perhaps the most fundamental question which has been asked when considering the options available to school psychologists (e.g. private practice, consultation, psychometry, etc.) is - do they work? If the school psychologist is to be seen as an innovator, he must also be seen as an evaluator who will determine the worth and assess the import of his actions. The role of the school psychologist as a program evaluator is discussed in the literature, however the frequency of actions appears to be proportional to the school psychologists actual involvement (one-five percent of his job role). (Payne, 1982)

While Payne (1982) reviews the potential activities which need ongoing assessment, the most exciting aspect of the school psychologist's role as an evaluator occurs when the psychologist is seen as an innovator in addition to being a service provider. As with consultation, the evaluation process is a skill which needs to be finely tuned to be effective. While the various evaluation models will not be discussed here, reference is made to those reviewed by Payne (1982) and Fairchild (1980).

When one views the breadth of potential services available to the school psychologist, one likewise

becomes dismayed at the underutilization of these skills within the public section. Private sector utilization, has to this point in time been nearly non-existant.

CHAPTER III

The major goal of this practicum involved the development of a pilot school psychology service delivery program at a private parochial school. An additional (broad) goal was the establishment of similar services at other local parochial schools.

Subsumed within these major goals were the following behavioral objectives:

1. Teachers were (via consultation) able to determine those youngsters who would benefit from a psychoeducational assessment.

2. Parents were able to understand and describe the stages of the psychoeducational assessment process.

3. Students' educational/behavioral status and needs were described via a psychoeducational report.

4. Teachers were, following a post test consultation (with the psychologist) able to implement pertinent classroom recommendations.

Ongoing evaluation of the aforementioned goals were completed via a review of two types of data: Enumerative and Process.

Enumerative data, involving the quantification of activities or services included the following: (See Appendix D)

A. Evaluation Requests

1. Parent requests (#, grade, sex)
2. Teacher requests (#, grade, sex)
3. Principal requests.
4. Pediatrician
5. Other

B. Pre-Evaluation

1. Parent-psychologist conference (#)
2. Teacher/psychologist conference (#)
3. Classroom observation (psychologist) (#)
4. Referral Problem
    a. Developmental (#)
    b. Achievement (#)
    c. Behavior

C. Follow-up/Recommendations

1. Special Education
2. Home Recommendations
3. School Recommendations
4. Counseling
5. Other

The second class of data collected (process) provided information concerning the efficiency and effectiveness of the procedures, the extent to which these procedures were accomplished and the manner in which various groups react to the procedures.

The areas of evaluation included here will involve

the psychological report as well as the system of service delivery. The former will be evaluated via a checklist developed by researchers in the field (Gilbey and Scholwinski, 1983) (See Appendix E). The service delivery system will be evaluated via a modification of the Standards of Evaluation Checklist developed by the North Carolina Department of Public Instruction (1983) (See Appendix E) The following program goals were evaluated:

Adequacy of Delivery System

Adequacy/Utility of Psychological Report

Implementation of Recommendations

Administration/Teacher/Parent Reactions to the Process

These program goals were rated in terms of whether the objectives were met or unmet. The participants' responses were evaluated in terms of the criteria for success indicated for each area. Thus a success criteria of ninety (90) percent agreement in all objective areas was selected.

As will be discussed in Chapter IV, it was anticipated that a formative evaluation of the aforementioned data would occur in January 1985. At that time areas of needed improvement would be evaluated and goals and plans would be revised based on this review.

Additionally demographic data would likewise be evaluated via the categories discussed (Appendix B).

In May/June of 1985, a summative evaluation of the enumerative and process data occurred. Growth in areas cited for needed improvement were evaluated via percent of change. Additionally, descriptive statistics were utilized to evaluate both enumerative and process data.

CHAPTER IV

SOLUTION STRATEGY

As discussed earlier, Subpart D, Section 300.401, .403, .452 and .453 of the Education of Handicapped Act, discusses the provision of public school services to potentially handicapped youngsters within the private schools. While youngsters who are suspected of being diagnosed as handicapped <u>are</u> being serviced within the public schools, the delivery of services appears to be rather delayed (personal communication-Mr. P. Tei). Youngsters who have not been referred to the public schools for assessment have been referred to private practitioners (usually clinical psychologists). Lastly, those private school youngsters whose academic/ behavioral development is 'marginal' (i.e. may not be demonstrating the kinds of deficits warrented for a public school evaluation), may not be referred for assessment. It is these youngsters who may greatly benefit from the kinds of information derived from an assessment and subsequent consultation. (Sattler, 1982)). According to the recent needs assessment conducted at Parochial School B, it became apparent that approximately 50-60 percent of the youngsters experiencing academic or behavioral difficulties fell into this category.

The referring of a youngster for an 'outside' evaluation - either at the public schools or at a private practitioner's office, carries with it a number of intrinsic disadvantages, including, but not limited to:

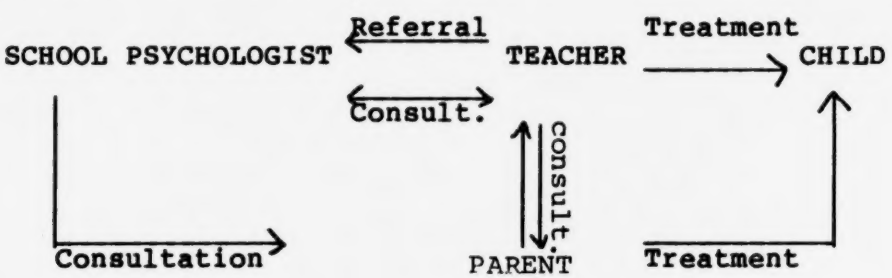
a. Little or no opportunity for direct classroom observation.

b. Unfamiliarity with school curriculum and standards.

c. Limited opportunity for continuous follow-up (on site).

Additionally, the efficacy of the medical model (as epitomized by the 'referral out' process) has been criticized in favor of a more 'ecological' evaluation (Gutkin, Curtis 1982).

School psychological consultation must then occur within the ecology of the school. The school psychologist's forte has been the application of diagnostic techniques, broadened to include an evaluation of peer, school and home influences. Gutkin and Curtis (1982) discuss a consultation model which is well suited for the current situation. Diagramatically, the model appears as follows:



This consultative model appears to fit the needs of Parochial School B. This solution strategy has been cited by school administrators as "unique" and "ground breaking", and is seen as having potential application throughout the Archdiocese of South Florida.

One aspect of this consultative model involved an assessment paradigm which is outlined below:

Step 1 Teacher/principal requests assistance from the psychologist. Student may be demonstrating achievement and/or behavioral difficulties (may be subjectively or objectively defined); teacher may need advisement as to appropriate educational approach. Principal is contacted; psychologist is notified.

Step IA Parent requests evaluation; poor report card grades; home/school difficulties (behavior management, etc.); contact principal; possible conference with psychologist.

Step II Parent Conference with Psychologist. Developmental/ Social History taken.

Step III Psychologist observes youngster - may complete objective and subjective observation forms.

Step IV Teacher completes behavior rating scales and provides information re: achievement levels, etc.

Step V Child assessed at school. Protocols scored; report written.

Step VI Staff conference - teacher, parent, psychologist, principal (psychologist/parent conference may be held prior to staff conference). Academic behavioral plan developed. Time lines selected for review dates.

Step VII Follow-up conference (one month intervals) - teacher/psychologist; psychologist/parent.

Report of Action Taken

The primary focus of the current school psychology consultation program was assessment related. Steps I through IV were completed as planned. Steps VI and VII were inconsistently completed due to several factors. Time constraints were primary here. A difficulty arranging class coverage for teachers who were asked to attend joint conferences, as well as a difficulty monitoring recommendations were thus frequently encountered. The writer did maintain ongoing contact with the sole building administrator, however it soon became apparent that he functioned under similar time constraints and thus his follow-up/monitoring was likewise inconsistent. The aforementioned time constraints became apparent during a subjective review of the program in January, 1985. As suggested, some increase in administration involvement (vis a vis class coverage, etc.) was however implemented.

Two additional service components were instituted. However, as these were not on-going, an evaluation of their effectiveness was not undertaken. These included a) the distribution (to parents) of a School Psychology Newsletter and, b) an after school inservice program conducted for the staff regarding identification of learning difficulties.

CHAPTER V

As outlined in Chapter III, the broad goals of the service delivery model included the adequacy of the system, the utility of the psychological report and the feasibility of the recommendations. Data was collected via two survey checklists. One survey included evaluative questions regarding the psychological report, as well as the recommendations included therein. The second survey included evaluative questions regarding the general aspects of service delivery. A summary of the responses is provided in Appendix C. As indicated, ninety percent agreement was pre-set as a criteria for success. Results exceeded expectation in all areas. The writer's subjective impressions will follow.

Appendix D provides an enumerative summary of students serviced via a psychological evaluation. At the outset of the current year, it was projected that twenty youngsters would be serviced. The number of youngsters evaluated represents seventy percent of that projected figure. More importantly, however, were the figures indicating that of those youngsters evaluated fifty percent were seen as needing follow-up counseling and twenty-one percent (three youngsters) presented with such severe deficiencies (intellectually and academically) that more specialized settings were recommended

(one youngster will be transferring to a learning disability program within the public school, while the two remaining youngsters will be transferring to smaller, more specialized non-parochial schools). Parenthetically it should be noted that the writer was encouraged to make whatever recommendations he felt to be in the child's best interests - this despite the potential 'loss' of students at parochial school B.

Other aspects of the data were indicative/suggestive of the following:

1. Approximately one and one-half evaluations were conducted per month.

2. Four females and ten males were evaluated [this seems to be similar to subjective expectations within an elementary-middle school setting].

3. Only three evaluations were requested by classroom teachers, while eleven were requested by parents. The writer anticipated a greater number of teacher generated referrals. More indepth preservice and inservice may be warranted here. The effectiveness of parent inservice programs may have been reflected here however.

4. Fifty percent of the 'presenting problems' were "behavioral"; fourteen percent were seen as "developmental" (i.e. delays) and thirty-six percent resulted from academic difficulties.

While ninety-seven percent of the respondents felt that the delivery system, etc. was quite adequate, the writer's subjective impression was that the traditional psychological report was too cumbersome (both in terms of writing time and verbiage) to facilitate academic and/or behavioral adjustments. The writer is in the process of drafting a report format which would be typed on NCR paper (four copies) and which would provide a summary of the assessment data, and a detailed listing of implications and recommendations for the parent and classroom teacher. Secondly, these summaries would be dictated and transcribed rather than handwritten/typed.

The lack of support personnel-remedial consultants, guidance counselors, etc., made the implementation of recommendations difficult. The school is planning on hiring a remedial reading/math resource person and an improvement in this area is anticipated. Lastly, a review of the data relating to evaluations by grade (See Appendix D) was suggestive of few referrals from the primary grades. Note that the writer recently consulted with the kindergarten teachers regarding retention/promotion practices. The school will be instituting screening via the Metropolitan Readiness Test during the next school year.

Other recommendations which flow from the data and/or from subjective observations are:

1. Increase utilization of an in depth classroom behavioral observation system - with recommendations (See Appendix E - observation of JH).

2. Explore the possibility of group counseling at the school location. This may be more financially acceptable to parents (as an alternative to individual counseling - if such services are recommended).

3. Explore the possibility of more extensive use of a School Psychology Newsletter (see sample in Appendix E).

4. Develop more in depth/frequent teacher inservice sessions. The focus here may be an exploration of informal classroom diagnostics, etc.

The writer recently had the opportunity to discuss the current program with the Director of Catholic Education for Broward County. It was suggested that information regarding the program may be distributed at the May Principals meeting. (See Appendix E) With this accomplished, the writer is pleased to report that five additional parochial schools have expressed an interest in the program for the upcoming school year. Additional dissemination is anticipated amongst other non-parochial private schools.

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Appendices

Appendix A

Needs Assessment

Appendix A

NEEDS ASSESSMENT

DIRECTIONS: NEXT TO EACH OF THE STATEMENTS LISTED BELOW INDICATE YOUR LEVEL OF AGREEMENT AND/OR DISAGREEMENT BY CIRCLING THE APPROPRIATE NUMBER. IF THE STATEMENT IS NOT APPLICABLE, CIRCLE NA.

NOTE: 1.....STRONGLY DISAGREE
2.....DISAGREE
3.....NO OPINION
4.....AGREE
5.....STRONGLY AGREE

STATEMENT	1	2	3	4	5	NA
1. DURING THE PAST YEAR THERE WERE CHILDREN IN MY CLASS WHO WERE EXPERIENCING LEARNING OR BEHAVIORAL PROBLEMS *	1	2	3	4	5	NA
2. THERE WERE INSTANCES, DURING THE PAST SCHOOL YEAR WHERE I SOUGHT CONSULTATION/GUIDANCE REGARDING A CHILD'S PROGRESS.	1	2	3	4	5	NA
3. THE GROUP ADMINISTERED STANDARDIZED TESTING COMPLETED AT THE SCHOOL PROVIDED ME WITH ALL THE NECESSARY INFORMATION REGARDING REMEDIAL APPROACHES FOR MY STUDENTS.	1	2	3	4	5	NA

* INDICATE NUMBER

STATEMENT	1	2	3	4	5	NA
4. I HAD THE OPPORTUNITY TO REFER YOUNGSTERS FROM MY CLASS FOR TESTING WITHIN THE PUBLIC SCHOOLS *	1	2	3	4	5	NA
5. THE TIME SPAN BETWEEN TESTING AND FOLLOW-UP (WITHIN THE PUB. SCHOOLS) WAS REASONABLE. **	1	2	3	4	5	NA
6. I HAD THE OPPORTUNITY TO REFER STUDENTS TO PRIVATE PRACTITIONERS (FOR ASSESSMENT)	1	2	3	4	5	NA
7. THE TIME SPAN BETWEEN TESTING AND FOLLOW-UP (PRIVATELY) WAS REASONABLE. **	1	2	3	4	5	NA
B. CONSULTATION SUBSEQUENT TO TESTING						
1. I HAD THE OPPORTUNITY TO READ AND REVIEW THE PSYCHOLOGICAL REPORT OF YOUNGSTERS TESTED IN THE PUBLIC SCHOOLS. ***	1	2	3	4	5	NA
2. I HAD THE OPPORTUNITY TO CONSULT WITH THE PUBLIC SCHOOL PSYCHOLOGIST. ***	1	2	3	4	5	NA

* INDICATE NUMBER
** HOW LONG
***HOW OFTEN

STATEMENT	1	2	3	4	5	NA
3. I HAD THE OPPORTUNITY TO READ AND REVIEW THE PSYCHOLOGICAL REPORT OF YOUNGSTERS TESTED IN THE PUBLIC SCHOOLS *	1	2	3	4	5	NA
4. I HAD THE OPPORTUNITY TO CONSULT WITH THE PRIVATE PSYCHOLOGIST EXCLUDING THIS WRITER) *	1	2	3	4	5	NA
5. THE AFOREMENTIONED CONSULTATION(S) CONTINUED THROUGHOUT THE SCHOOL YEAR	1	2	3	4	5	NA
6. THIS CONSULTATION (POST TEST WAS USEFUL TO ME AS THE CLASSROOM TEACHER	1	2	3	4	5	NA
7. I HAD THE OPPORTUNITY TO CONSULT WITH THE SPECIAL EDUCATION TEACHER WITHIN THE PUBLIC SCHOOL (FOR THOSE CHILDREN INVOLVED IN DUAL PLACEMENTS)	1	2	3	4	5	NA
C. THE PSYCHOLOGICAL REPORT						
1. THE PSYCHOLOGICAL REPORTS REVIEWED WERE CLEARLY WRITTEN AND FREE OF JARGON (EXCLUDING THIS WRITER)	1	2	3	4	5	NA

* HOW OFTEN?

STATEMENT	1	2	3	4	5	NA
2. AFTER READING THE PSYCHOLOGICAL REPORT I HAD A COMPLETE UNDERSTANDING OF THE TEST SCORES AND THEIR EDUCATIONAL IMPLICATIONS	1	2	3	4	5	NA
3. THE REPORT ANSWERED THE SPECIFIC QUESTION(S) RAISED IN THE REFERRAL	1	2	3	4	5	NA
4. THE RECOMMENDATIONS WERE PRACTICAL AND REALISTIC FOR THE CHILD, SCHOOL TEACHER AND PARENT	1	2	3	4	5	NA
5. I WOULD HAVE FELT COMFORTABLE IF THIS WERE A REPORT COMPELETED FOR MY OWN CHILD	1	2	3	4	5	NA

PLEASE LIST OR DISCUSS ADDITIONAL COMMENTS AND/OR SUGGESTIONS PERTAINING TO THE AFOREMENTIONED STATEMENTS.

1.

2

3.

4.

IF CONDITIONS WERE 'IDEAL' VIS A VIS ASSESSMENT, REPORTING AND FOLLOW-UP, WHAT WOULD THEY BE:

1.

2.

3.

4.

Appendix B

Needs Assessment Data

Appendix B

Table 1
Needs Assessment Data

STATEMENT	PERCENTAGE OF AGREEMENT					
	STR DIS	DIS	NO OP	AGR	ST AG	NA
A. LEARNING DIAGNOSTIC NEEDS						
1. (See Survey Form)	-	18	8	41	33	-
2. "	-	16	-	41	41	2
3. "	35	35	20	10	-	-
4. "	64	-	30	-	6	-
5. "	10	70	10	10	-	-
6. "	64	-	30	-	6	-
7. "	-	15	75	10	-	-
B. CONSULTATION						
1. (See Survey Form)	-	5	-	15	5	75
2. "	-	3	16	-	6	75
3. "	-	-	-	10	15	75
4. "	-	12	-	13	-	75
5. "	-	16	-	27	-	67

STATEMENT	PERCENTAGE OF AGREEMENT					
	STR DIS	DIS	NO OP	AGR	ST AG	NA
6. (See Survey Form)	-	5	20	15	-	60
7. "	10	20	-	-	-	70
C. PSYCHOLOGICAL REPORT						
1. (See Survey Form)	-	5	70	25	-	-
2. "	-	10	30	20	-	40
3. "	-	-	32	34	14	20
4. "	-	30	30	30	-	10
5. "	-	-	25	-	40	35

Appendix C

Evaluation of Objectives

Evaluation of Objectives

OBJECTIVE	EVALUATION MEASURE	CRITERIA FOR SUCCESS	MET/UNMET
1. ADEQUACY OF DELIVERY SYSTEM	PARENT/TEACHER CHECKLIST (SECT. A)	RESPONDENTS REPORTING A MEAN 90% AGREEMENT	97% AGREEMENT
2. ADEQUACY/UTILITY OF PSYCHOLOGICAL REPORT	CHECKLIST FOR PSYCHOLOGICAL REPORTS	RESPONDENTS REPORTING MEAN PERCENTAGE OF 90% "ACCEPTABLE"	98% AGREEMENT
3. IMPLEMENTATION OF RECOMMENDATIONS	PARENT/TEACHER CHECKLIST (SECT. B)	RESPONDENTS REPORTING A MEAN 90% AGREEMENT	98% AGREEMENT
4. ADMIN/TEACH/PARENT REACTION TO PROCESS	PARENT/TEACHER CHECKLIST (SECT. C)	RESPONDENTS REPORTING A MEAN 90% AGREEMENT	100% AGREEMENT

Appendix D

Summary of Enumerative Data

Table 2

Summary of Enumerative Data

Category	Totals[Male/Female,percentage]
Evaluation Requests	
Parents	11 [78%)
Teachers	3 [21%]
Principal	-
Other	-
Pre-Evaluation	
Parent-Psych. Conf.	14 [100%]
Psych/Teacher Conf.	14 [100%]
Psych/Class. Obs.	5 [35%]
Referral Problem	
Developmental	2 [two females-14%]
Achievement	5 [two females-three males 36%]
Behavior	7 [males, 50%]
Types of Recommendations	
Special Educ./Special School	3 [21%]
Home	7 [50%]
School	8 [57%]
Counseling	7 [50%]

Evaluations by Grade	Number
Grade K	0
" 1	1
" 2	1
" 3	1
" 4	5
" 5	1
" 6	0
" 7	2
" 8	2

Evaluations by Month	Number
1984	
Sept.	1
Oct.	2
Nov.	1
Dec.	3
1985	
Jan.	0
Feb.	2
Mar.	1
Apr.	3
May	1

Appendix E

School Psychology Consultation Dissemination Package

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School Psychology and Mental Health Counseling
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Tamarac, Florida 33321
(305) 721-5144

Licensed School Psychologist
Licensed Mental Health Counselor
Certified School Psychologist

A PROPOSAL FOR SCHOOL PSYCHOLOGICAL SERVICES

Psychoeducational services at private schools have usually been provided via referral to a private practitioner or via services at the public school, through the provisions of Public Law 94-142. While these services may be used effectively, each contain intrinsic disadvantages.

The provision of services via the private practitioner (licensed school or clinical psychologist) will involve an added educational expense for the parent. Additionally, parents and youngsters are usually interviewed in an office, far removed from the more comfortable surroundings of school. Furthermore, opportunities to observe the youngster in action or to have personal conferences with the teachers may not be feasible. Lastly, many parents who would consider private testing may hesitate due to many of the "unknowns" involved (e.g. unfamiliarity with psychological testing, unfamiliarity with the psychologist, etc.).

Services within the public school may require extensive preliminary paperwork and perhaps time delays due to testing backlogs. As with private evaluations, public school evaluations may carry with them many of the aforementioned drawbacks, excluding expense.

An attractive alternative to the aforementioned service delivery models would involve having the licensed school psychologist provide direct service at the private school location. Such an approach would allow for the following:

A. CLASSROOM OBSERVATIONS:

Observations of youngsters in their natural setting (home, classroom, etc.) may provide us with information that may not be readily available during an individual assessment session. Within the classroom, for example, such specific behaviors as a child's interactions with other students, his/her approach to classwork, student-teacher interaction, etc., can be easily observed.

B. PSYCHOEDUCATIONAL EVALUATIONS:

These evaluations would be provided for youngsters who are experiencing behavioral and/or academic difficulties. The assessment may typically include a pretest interview with the parents, a review of records and observation within the classroom, conferences with appropriate personnel, an intellectual assessment, achievement testing, perceptual motor testing, personality/behavioral assessments and a post test conference. Continuous follow-up throughout the school year will be provided.

C. SCREENING OF YOUNGSTERS FOR POSSIBLE EVALUATION:

Class or individual screening of youngsters who may benefit from more indepth evaluation.

D. PARENT CONSULTATION:

A parent 'hot line' may be initiated for the purpose of answering questions that may arise regarding child management issues, etc. Follow-up individual conferences may be scheduled.

E. INFORMATION EXCHANGE:

Programs such as the School Psychology Newsletter, teacher inservice training, talks to parent groups, etc., may be instituted.

F. GROUP COUNSELING:

Counseling in a group format may be appropriate for groups of underachievers, disruptive children, etc.

G. PARENTING PROGRAMS

"Active Parenting", a video based parenting program involving small groups of parents would be made available.

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Licensed School Psychologist
Licensed Mental Health Counselor
Certified School Psychologist

TO: ALL STAFF MEMBERS

FROM: STUART LANGENTHAL
SCHOOL PSYCHOLOGIST

RE: SCREENING MATERIALS

Attached please find a package of materials that you may find useful in evaluating your students academic and/or problem solving skills.

Included in the package are the following:

A. Information Processing: Auditory and Visual

B. Characteristics of Reading Difficulties

C. Reading Interventions

D. Characteristics of Mathematics Difficulties

E. Math Interventions

Information Processing*

Auditory Processing

Definitions: The ability to hear, receive, remember and retell what is presented auditorilly. The areas of auditory processing are:

Auditory acuity

Auditory Discrimenation

Memory for Digits

Memory for Words

Memory for Sentences

Following Oral Directions

Academic Difficulties Related to Poor Auditory Processing

1. Poor phonic analysis skills when reading.
2. Spelling is poor when taught with an emphasis on hearing phonics rules.
3. Remembering information presented in lecture form is difficult unless seen or written (see 4 however).
4. Note taking during discussion may be frustrating due to the losing of thoughts and information during the writing act.
5. Staying on task and remaining free of distractions is more difficult and attention span becomes shorter.
6. Working independently results in non-production after short periods, unless there is teacher intervention and contact.

* Compiled by writer

7. Remembering literal or factual information through reading or listening is difficult, particularly when answering questions dealing with who, what, where, when and how.

8. Remembering basic duties and responsibilities at home or school is almost always a problem, regardless of the amount of reminding that may be done.

9. Some school environments such as "open schools" can become ineffective learning environments for such children..

Visual Processing

Definition: The efficiency with which one receives visual stimuli, remembers and recalls that information. The areas of visual processing are:

Visual acuity

Visual perception

Visual comprehension

Visual memory

Visual-Auditory integration

Characteristics Associated with High Visual Processing:

1. Learns word recognition more readily through visual, sight or whole word approach than through phonic analysis.

2. Spells more effectively when taught by a visual memory process rather than a rule based process (phonics).

3. Follows directions better when such directions are written.

4. Usually will benefit from a language experience approach when learning how to read.

5. Retains more knowledge through reading than through lecture.

6. Needs good note taking skills for use during lectures.

7. Remembers duties more successfully when duties are written on a chart for easy reminder.

8. Tends to have the ability to increase attention ability when auditory information is reinforced visually.

Post Script:

High achievers normally score at an acceptable level on both auditory and visual processing tests. The overwhelming majority of children experiencing difficulty in school, particularly those exhibiting behaviors associated with learning disabilities, will normally perform considerably higher on tests of visual processing than on tests of auditory processing.

Major Reading Disorders: Characteristics

Visual Spatial Reading Difficulties (Whole Word Difficulty)	Auditory - Analytic Reading Difficulties (Phonics Difficulty)
1. Right-left disorientation	1. Delayed language onset.
2. Poor handwriting, small handwriting, poor spacing	2. Expressive speech _____ (articulation)
3. Spelling errors are phonetically accurate (toc = talk)	3. Color or object naming difficulties
4. Reading errors involve visual perceptual errors and poor sight vocabulary	4. Spelling errors - errors are phoentically inaccurate
5. Poor memory for letter orientation	5. Reading errors involve word substitution
6. Low Performance IQ	6. Lower Verbal IQ
7. Average Verbal IQ	7. Average or Above Performance IQ
8. Look-say method would prove difficult.	8. Intact visual spatial skills
	9. Phonics teaching method would prove difficult

(Pirozzolo,1981)

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Appendix H

Factors Influencing the Learning of Math

Factor	Below Average	Average	Above Average
Intellectual:			
1. Rate and amount of learning compared to age peers.			
2. Speed of learning in relationship to math topic.			
3. Ability to retain information.			
4. Degree of repetition needed.			
5. Competence in verbal skills.			
6. Ability to learn symbol system.			
7. Ability to attend to salient aspects of a situation.			
8. Ability to form relationships, concepts, generalizations.			
9. Use of problem solving strategies.			
10. Ability to make decisions and judgments.			
11. Ability to draw inferences and conclusions and to hypothesize.			
12. Ability to abstract and cope with complexity.			

(Reisman, 1982)

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Factor	Below Average	Average	Above Average
Psychomotor Factors:			
1. Visual perception/discrimination abilities.			
2. Visual figure/ground discrimination.			
3. Ability to recognize constancy of form.			
4. Visual sequential memory.			
5. Ability to deal with spatial relationships.			
6. Auditory perception and discrimination abilities.			
7. Auditory figure ground difficulty.			
8. Ability to analyze auditory stimuli.			
9. Sound blending skills.			
10. Auditory sequential memory.			
Social Emotional Factors			
1. Hyperactivity			
2. Distractibility			
3. Imulsivity			
4. Withdrawal			
5. Immaturity			

A PARENTS GUIDE TO THE PSYCHOEDUCATIONAL ASSESSMENT OF CHILDREN

Prepared by:
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Certified School Psychologist

Dear Parents:

Your decision to seek an evaluation of your child's psycho-educational development is one that should involve a thorough understanding of the process, the procedures, and the outcomes of such an assessment.

In the pages that follow, I have attempted to guide you through the process, from your initial consultation to the post-test conference and follow-up. It is anticipated that after reading this handbook you will want to ask additional questions and I encourage you to do so.

I'd like to take this opportunity to thank you for consulting with this office. Every effort will be made to provide both an enjoyable learning experience for your child as well as to provide you with a clear understanding of the process and its implications.

Very truly yours,

STUART LANGENTHAL, M.S., M.S. Ed.
Licensed School Psychologist and
Mental Health Counselor
Fla. License Nos. 0004,0038

SECTION I

GENERAL OVERVIEW

Psycho-educational assessments are conducted by school psychologists in an effort to provide information which is helpful in planning for a child's educational needs, in designing intervention programs for behavioral difficulties, to provide general guidance for parents and to determine levels of age appropriate growth and development. Additionally, these assessments may be useful to professionals in the fields of pediatrics, psychiatry, neurology and particularly for your child's classroom teacher.

The assessment process should be looked at as providing a sample (a small portion) of your child's development...both what he/she is adept at as well as what his/her weaknesses are. Because the process usually relies on a sample of your child's skills, information from parents, teachers and other professionals is needed to provide a comprehensive assessment.

The test instruments utilized at this office are those that have, through research, proven to be helpful in making accurate and consistent judgements about children. It should be understood, however, that tests of this nature <u>are</u> subject to minor errors and minor inconsistencies. It is for this reason that a number of test instruments, which assess different or overlapping abilities are utilized in the assessment process.

NOW....WHERE DO WE BEGIN?

SECTION II

THE INITIAL PARENT CONFERENCE

After the first telephone contact is made with this office, you (Mom and Dad), will be asked to visit the office to provide both a historical account of your child's development as well as to offer your perceptions of your child's current difficulties. You may be asked to bring with you copies of your child's report card, samples of his/her work and your good memory.

The discussions held during this session will most likely dwell upon your child's medical and developmental history, your family history as it relates to current social adjustment and/or learing difficulties, your child's relationship with peers, and the attempts that you and your child's school have made to improve areas of concern.

You will, in addition, be asked to provide your permission for this office to contact the school and/or other professionals in an effort at sharing pertinent information. It should be understood that the information you provide or that evolves from the testing process is held as confidential and can only be discussed and/or released with your authorization.

At the conclusion of this session a testing appointment will be scheduled. Testing may be completed in one or more sessions, depending upon the age of your child.

continued

As you leave this initial session, you will most likely ask "what should I tell my child about his/her visit to your office?" The suggestion that I often make is to advise your child that he will be visiting my office to play some games, draw pictures and for us to learn what he does well and not so well (regarding school work). As the testing date approaches, you might want to think of a favorite toy that your small child can bring along. Older youngsters may want to bring a snack or a soda with them.

NEXT: WHAT HAPPENS IN THE TESTING ROOM?

SECTION III

THE EVALUATION SESSION

Generally, the evaluation session begins as your child enters the office. Brief observations are made of his/her reaction to meeting strangers, his/her ease of separation from you, his/her appearance, etc.

Within the testing room, a period of time is spent establishing rapport. This is the time when your child and I begin to get to know one another. The initial phase of testing may even be used as a rapport builder. We may for example draw pictures or engage in casual conversation.

The test session consists of both formal and informal activities. As noted, I generally begin the session informally and then move to more formal, school oriented types of activities. During all phases of the evaluation process, your child is carefully observed regarding his/her problem solving style, ability to withstand frustration, level of anxiety, use of language skills, dependence on the examiner for clarification and/or support, etc.

While the order of test presentation varies with the child (as does the types of tests administered), the assessment session will generally involve the administration of several classes of tests. These are: Intelligence Tests, Achievement Tests, Psychological Process Tests, and Behaviorial Assessments.

Let's examine each of these.

A. Intelligence Tests

Much has been said and written about intelligence tests and there remains much misunderstanding regarding what they represent. Several major points need to be raised to clarify your understanding. The term IQ stands for Intelligence Quotient and represents a score on a test. This score is not an indelible number that is fixed forever. As noted earlier, tests are confounded by built in error. This error of measurement causes test scores to vary, even from one day to the next. We find that the younger the child, the greater the error in his/her test score. Thus, the young child's IQ score may vary considerably from, for example, testing as a four year old to testing as a nine year old. The older the child, generally the less error in his/her score. Therefore, children's IQ test scores (when comparing similar tests) should not vary significantly after a a child reaches eight or nine years of age.

The second point that needs to be raised regarding these tests and scores is that a child's intelligence is not "fixed" at birth. Intellectual ability is subject to a complex interweaving of environment and heredity. The IQ score thus does not measure genetic potential but may be reflective of both inherited capabilities as well as the stimulation or lack of stimulation afforded by the environment.

WHAT ARE SOME OF THE MORE COMMON INDIVIDUAL INTELLIGENCE TESTS?

1. Stanford Binet Intelligence Scale:

This test may be utilized for the age ranges two years - adulthood. It is one of the original intelligence tests, first constructed in 1905 and revised several times since then. The Binet provides information regarding a child's age appropriate skills (e.g. what the average three year old can do, what an average seven year old can do, etc.) The Binet provides us with an IQ score and a Mental Age. The Binet is most often used as a measure of intelligence and development in early childhood.

2. Wechsler Intelligence Scale-Revised (WISC-R):

This test is perhaps the most widely used intelligence scale and has been translated into several languages. It is utilized for children aged 6-16. It provides us with a large number of useful scores in addition to an overall IQ. The test measures language skills (via six different tests) and non-language skills, (also via six different tests). Children may, during the course of this test, be asked to define words, put puzzles together, copy designs under the pressure of time, solve oral arithmetic problems, etc. By evaluating the pattern of a child's scores, we gain insight into learning styles, capabilities, etc. The test will in addition provide us with three IQ scores (a verbal, non-verbal and full scale IQ) as well as 10-12 subtest scores.

3. Kaufman Assessment Battery for Children (K-ABC):

This is a brand new intelligence scale which was designed to measure a child's problem solving skills. It is to be used with children aged 2-1/2-12-1/2. This scale is less concerned with what a child already knows, but how he learns. It is based on a theory of brain organization which states that children (and adults) organize information either in logical sequences, in whole concepts or in some combination of these. Children with learning deficits have been found to be deficient in one or more of these learning styles. The K-ABC does not provide an IQ score per se, but does provide a Mental Processing Composite, which Kaufman feels is an intelligence score, but declines to call it an IQ. Early studies with this instrument suggest that it holds promise in the area of learning disability identification and remediation.

4. Wechsler Pre-School and Primary Scale of Intelligence:

This is a test which is similar to the WISC-R but is to be used with children aged 4-6½.

5. McCarthy Scale of Children's Abilities:

This scale covers the age range 2-1/2-8-1/2. The scale measures language skills, non-verbal skills (e.g. drawing, block building, etc.), quantitative reasoning, memory and large muscle coordination. While there are several limitations to the use of

the scale, it may be useful in evaluating a child's possible learning disabilities.

B. ACHIEVEMENT TESTS

This class of tests provides the school psychologist with a specific description of classroom oriented skills. Tests designed to measure the reading process (word attack, comprehension, sight word knowledge), the math process (written calculation, oral problem solving, word problems), and the spelling process (dictation, correction of printed spelling errors, etc.) Some of these tests utilized at the office include:

The Wide Range Achievement Test

The Keymath Diagnostic Test

The Woodcock Reading Mastery Test

The Woodcock Johnson Psychoeducational Battery

The Boder Test of Reading and Spelling Patterns

These tests provide us with scores which we then compare with the child's "potential" as measured by the IQ test. For youngsters with classroom learning problems, we look for large differences between what a child is capable of achieving and what he is achieving.

Additionally, the child's problem solving approach is carefully monitored to determine how these factors affect performance.

C. Psychological Process Tests

This classification of tests are so called because they are assumed to measure the underlying processes as they relate to learning. These tests provide us with a measure of a child's perceptual skills. Perceptual abilities relate to the manner in which the brain interprets material that is seen, heard, felt, touched, etc.

Such tests may include measures of memory (visual memory, hearing memory, etc.), copying skills, the ability to see and hear subtle differences in shapes or sounds, etc. Significant difficulties in these areas have been related to learning disabilities. Some of the tests utilized to measure these skills are:

The Bender Visual Motor Gestalt (copying skills)

The Visual Aural Digit Span (memory skills)

The Wepman Battery (seeing and hearing differences in sounds, shapes, etc.)

The Beery Visual Motor Integration Test (copying skills)

D. Behavioral Measures

This class of tests provides information relative to how a child's behavior compares with other youngsters of his/her age. While many of these tests are evaluated subjectively (via clinical judgement), a large number of the newer test instruments are in the form of child or parent questionnaires, which are scorable and may provide a more objective measure.

You may thus be asked to complete a behavioral checklist, while your child is interviewed about he likes and dislikes, his school, his family, etc. Other behavioral measures include the use of drawings and the construction of stories. The latter provides us with a measure of thought organization and how a child understands and interprets common situations which may be emotionally arousing (i.e. parent fighting, being teased by friends, etc.) Some of the major instruments used here are:

The Thematic Apperception Test

The Roberts Apperception Test for Children

The Burks Behavior Rating Scale

The Temperament Assessment Battery

The Personality Inventory for Children

NEXT...PUTTING IT ALL TOGETHER!

The Psychological Report/Post Test Conference

Several days after the session is completed, Mom and Dad will be asked to return to the office where the test data will be explained in a useful, non-technical manner. Most importantly, a series of recommendations for both home and school will be discussed.

As the test process is time consuming and costly, the follow-up is most important. I will be happy to visit your child's school to discuss the report and its recommendations with the classroom teacher. While providing a copy of the report is subject to your approval, it is suggested that school officials be at minimum alerted that testing has taken place. This is especially important if the school is considering their own evaluation.

As you can see, the evaluation process is rather complex. It is hoped that this handbook was helpful in your understanding of the process and its implications.

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September 1, 1984

Dear Parents:

I would like to take this opportunity to acquaint you with the psychological assessment process so that you will be in a position to gauge the necessity and possible benefits for your child.

Individual school psychological assessments are usually initiated when parents or teachers become concerned over a child's lack of academic progress or as a result of the development of behavioral difficulties. Assessments completed for these purposes are conducted on an individualized basis and involve several hours of test administration and interviewing. An integral part of the testing process involves parent conferences with the psychologist both before and after testing. Additionally, your child will usually be observed in the classroom. Conferences with the classroom teacher are also held in conjunction with the evaluation.

The school psychological evaluation will, in addition to the above, consist of the following areas of study:

A. Intelligence Testing: Provides a pattern of individual strengths and weaknesses vis a vis learning. Intelligence Quotients (IQs) are also provided which are useful in predicting school achievement as well as in comparing a youngster's abilities with other children of his/her age.

B. Achievement Testing: Involves the measurement of such school related skills as reading ability, spelling skills and arithmetical reasoning. These tests provide us with age and grade scores and are useful in determining levels of instruction.

C. Behavioral Assessments: These tests assist in determining a child's behavioral/emotional development and adjustment. These instruments are useful in planning home and classroom strategies for dealing with behavioral difficulties.

D. Psychological Process Tests: These tests assist in measuring memory skills, copying ability, etc. They help in diagnosing possible learning disabilities.

The results of the aforementioned assessments are considered, along with parent and teacher perceptions, past medical/social history and classrom observations, to help formulate a 'current profile' of your child's abilities. A report of the test findings is presented at the post test conference. Additionally, recommendations for future directions, both at home and at school, are discussed.

It is hoped that this brief review of the psychological assessment process assists you in understanding the process and its implications. In closing, I will be happy to discuss any remaining questions that you might have. A more detailed pamphlet which explores specific test instruments is available upon request.

Very truly yours,

Stuart Langenthal

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January 1985

Dear Parents:

As an additional service provided to St. B parents, I will be writing a series of monthly newsletters which will address issues in child development and school psychology.

The first issue of the "School Psychology News" is devoted to temperament patterns in children. I hope you find this and future issues interesting and informative.

As the year progresses I would be happy to address particular topics of interest. Please communicate your interests via a phone call to myself or to Mr. Tei at the school.

Very truly yours,

STUART LANGENTHAL, M.S., M.S. Ed.
Licensed School Psychologist

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SCHOOL PSYCHOLOGY NEWS

CHILDRENS TEMPERAMENT

This first issue of the School Psychology News is devoted to a topic that is becoming a popular area of study and has practical implications for parents and teachers.

We often discuss various aspects of our children's personalities and how their personalities effect performance in school, at home and with peers. One aspect of "personality" relates to the concept of "temperament". Temperament, as used here, is considered to be related to a child's individual style of responding to, and coping with, environmental stimuli, expectations and demands.

As you have probably observed, children apparently come into the world with their own unique personalities or "temperaments". Mothers often report, for example, that babies who were active infants were also active (kicking, moving) in utero. Researchers now suggest that children's temperament (i.e. ways of reacting to their environment) can be identified by certain characteristics.

In the late 1970's two New York pediatricians studied thousands of babies and characterized their reactions to their environments (e.g.: Activity level, Adaptibility - ease of change from one situation to the next, Approach/Withdrawal to new situations, Persistance, etc.) They found that children's reactions were often grouped into several broad categories: The Difficult Child, The Slow to Warm-up Youngster, the Easy Child...and variations of these categories.

The difficult child was described as one who has irregular biological functions (sleeping, eating), withdraws from new situations, is slow to adapt or adapts poorly to new situations, has intense reactions to events, etc. Parents find these children to be difficult to deal with. These children may have difficulty conforming to the rules of the family, the school, etc.

On the opposite end of the temperament spectrum is what has been termed the "easy child". This is the child who adapts easily, has regular cycles (eating, sleeping, etc.), These children conform easily and develop significantly fewer behavior problems.

The slow to warm up child may show mild withdrawal to new foods, strangers, situations, etc. Their withdrawal is quiet rather than loud. A key issue with these children is whether adults will allow them to make adaptations at their own pace. When excessive demands are made on these children, they tend to withdraw.

What do these characteristics have to do with parenting and teaching styles? We (parents, educators) spend a great deal of time attempting to "socialize" our youngsters. That is, we attempt to teach them appropriate ways of coping with the demands of society, school, home, etc. We might, however, forget that our children react and adjust differently. For example, pressure to perform at school might be highly motivating to one child, but anxiety provoking for another. As careful observers of our children we need to be sensitive to their unique temperament. How can we utilize their coping styles constructively? Can we for example view the patient, cautious approach of the slow to warm up of a child as a strength. Do we view the active youngster who is "into everything" as an annoyance or as a child with a certain "gusto" for life, whose behavior while needing external control can be used constructively? Take a step back, observe your child and your interaction with him.

Stuart Langenthal

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CLASSROOM OBSERVATIONS

Observations of youngsters in their natural setting (home, classroom, etc.) may provide us with information that may not be readily available during an individual assessment session.

Within the classroom, for example, such specific behaviors as a child's interactions with other students, his/her approach to classwork, student-teacher interaction, etc., can be easily observed.

An example of a classroom behavioral observation is attached. This assessment included three, fifteen minute observations. Impressions and recommendations are included.

RE: JH
DATE: March 19, 1985

I'd like to thank you for allowing me to observe JH during class yesterday. Each observation lasted approximately fifteen minutes during which time I counted "on" and "off" task behavior at thirty second intervals (approximately).

I've divided my observational report into a number of factors and have provided a summary and some recommendations. After reviewing these, let's meet again to discuss their applicability.

SUBJECT: Language Arts	ON TASK	OFF TASK
Task:		
Teacher instructions to CAT Testing procedures	6 (times)	3
Individual seat work MBS - workbook	10	16
SUBJECT: Math		
Task:		
Independent seat work - math computation worksheets	7	15
SUBJECT: Science		
Task:		
Teacher review of test; students called to respond	3 (when looking at teacher)	6

SUMMARY OF OFF TASK ACTIVITIES

ACTIVITIY		HOW OFTEN
Turns around/talks to friend	51%	19 times
Cross room talk		1
Calls out		1
Takes mirror out/combs hair		3
Out of seat		2
Stares ahead		6
Head down on desk		4
Reading personal notes		2
Tries to get teacher attention (raises hand)		1
Bites nails		1

GENERAL COMMENTS

1. J's on/off task behavior seemed to be pretty consistent across classes (50-57%).

2. J's most frequent off task activity involved turning around and chatting with a friend (51%). In Michele O's class, J's neighbor was moved and this resulted in an immediate decrease in J's inattentiveness.

3. During Science, J crumpled her answer sheet after it was given to her by Rita W and this complicated her attending when the test was reviewed. During English, she reported to class without her MBS booklet (it was home). She spent the next 5-7 minutes distracting Michele O, getting a new booklet, getting herself oriented, etc.

4. A good deal of off task behavior occured during independent seat work - as opposed to classroom instruction.

5. All of J's off task behavior was self-directed - that is at no time did I observe other youngsters distracting J.

6. Despite the level of J's off task behavior, most of this behavior was ignored (by the staff) - thus calling less attention to the behavior.

SUGGESTIONS

1. J's seating and (proximity to you) in class seems to be crucial. Evaluate where she sits and with whom she has the most interaction. Paring her with a more capable youngster may be appropriate. If possible, 'surround' her with capable students.

2. Before class starts have J see you re: having all the necessary supplies, homework, etc. This will save some time later on in the lesson. You might also have her leave her pocket book at your desk since on 4-5 occasions she took out a comb, mirror, note, etc.

3. As independent seat work seems to be a significant problem, you might want to station yourself near J so as to get her off to a good start (re: instructions, etc.) - reinforcing her work periodically. (See recommendations #1 here.)

4. Try to call on J when she seems to be attending. Hopefully this will reinforce her attending skills. (When we call on her when she's inattentive this may reinforce her inattentiveness).

5. In two out of the three classes, J asked to leave the room for various reasons. You might want to meet with her privately and discuss/outline when and for what reasons it would be appropriate to leave the room. I would limit her out of class activities since this involves a lot of pre and post off task behavior, re-orientation, etc.

STUART LANGENTHAL
SCHOOL PSYCHOLOGIST

SL:mc

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TO: PARTICIPATING SCHOOLS

RE: CONSULTATION FOLLOW-UP

Attached please find several examples of logs and post assessment planning forms which can be utilized to monitor youngsters who have been serviced during the course of the school year.

Name_____

Date_____

Review_____

Post Assessment Plan

Academic

Classroom Plan (Teacher/Child Responsibilities)

1.

2.

3.

4.

5.

Home Plan (Parent/Child Responsibilities)

1.

2.

3.

4.

5.

Name_____

Date_____

Review_____

Post Assessment Plan

Behavior

Classroom Plan

1.

2.

3.

4.

5.

Home Plan

1.

2.

3.

4.

5.

POST TEST CONSULTATION

Name_____

Date_____

Teacher_____

Stuart Langenthal, M.S., M.S. Ed.
School Psychologist

Directions: This form should be completed following a child's psychological assessment. Parent and teacher input is strongly suggested. The plan should be reviewed at regular intervals, with modifications in approach noted.

A. School Recommendations	Reviewed (Date)	Modifications	Outcome
1.			
2.			
3.			
4.			
5.			
6.			
7.			
B. Home Recommendations			
1.			
2.			
3.			
4.			
5.			
6. 100			101
7.			

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TO: PARTICIPATING SCHOOLS

RE: EVALUATION OF SERVICES

The monitoring and evaluation of psychoeducational services should be an important facet of any proposed program.

Attached please find two evaluative instruments which have been utilized to evaluate both psychological reports as well as the adequacy of services. These forms can be utilized to provide feedback both during and after the delivery of services.

Evaluation of Objectives

OBJECTIVE	EVALUATION MEASURE	CRITERIA FOR SUCCESS
1. ADEQUACY OF DELIVERY SYSTEM	PARENT/TEACHER CHECKLIST (SECT. A)	RESPONDENTS REPORTING A MEAN 90% AGREEMENT
2. ADEQUACY/UTILITY OF PSYCHOLOGICAL REPORT	CHECKLIST FOR PSYCHOLOGICAL REPORTS	RESPONDENTS REPORTING MEAN PERCENTAGE OF 90% "ACCEPTABLE"
3. IMPLEMENTATION OF RECOMMENDATIONS	PARENT/TEACHER CHECKLIST (SECT. B)	RESPONDENTS REPORTING A MEAN 90% AGREEMENT
4. ADMIN/TEACH/PARENT REACTION TO PROCESS	PARENT/TEACHER CHECKLIST (SECT. C)	RESPONDENTS REPORTING A MEAN 90% AGREEMENT

Checklist for School Psychological Reports*

Effective Report Criteria	Needs Improvement	Acceptable
1. Identifying Information (Lists name, date of birth, referred by, date(s) of evaluation, tests administered).		
2. Referral Statement (Brief statement of why student was referred		
3. Background Information A. Prior testings and results, if applicable B. Family/sociological factors C. Developmental/physical factors D. Language factors		
4. Observation of Test Behavior (Brief description of appearance and test behavior which is pertinent to the purpose of the evaluation)		
5. Classroom Observation Behavior (Brief description of classroom behavior which is pertinent to the purpose of the evaluation)		
6. Levels of Intellectual Functioning (Brief discussion of verbal, performance, and full-scale intellectual functioning on individual intelligence test)		
7. Strengths and Weaknesses of Intellectual Functioning briefly discussed		

* (Gilberg and Scholwinski, 1983)

Checklist for School Psychological Reports

Effective Report Criteria	Needs Improvement	Acceptable
8. Educational Performance Levels (Achievement of student on norm-referenced measures briefly discussed)		
9. Learning Processes (Child's learning skills are discussed)		
10. Summary (Brief conclusion that synthesizes and integrates information to a conclusion)		
11. Eligibility/Ineligibility for Special Education Services Identified		
12. Recommendations A. Specific to instruction/learning B. Implementable C. Explicitly stated		
13. Report is written in precise, straightforward manner and is organized		
14. Report Answers Referral Question		
TOTAL	____	____

PARENT- TEACHER - ADMINISTRATION

EVALUATION FORM

DIRECTIONS: PLEASE READ THE STATEMENTS BELOW AND PLACE A CHECK IN THE APPROPRIATE COLUMN AT THE END OF EACH STATEMENT.

STATEMENT	YES	NO	UNSURE
A.			
1. I HAD THE OPPORTUNITY TO DISCUSS MY CHILD'S(STUDENT'S) BACKGROUND WITH THE PSYCHOLOGIST PRIOR TO TESTING.			
2. MY CHILD(STUDENT) WAS EVALUATED IN A TIMELY FASHION.			
3. I HAD THE OPPORTUNITY TO CONSULT WITH THE PSYCHOLOGIST DURING THE EVALUATION PROCESS(TEACHER ONLY).			
4. I HAD THE OPPORTUNITY TO MEET WITH THE PSYCHOLOGIST PRIOR TO TESTING(PARENT ONLY).			
5. THE TESTING PROCESS WAS EXPLAINED TO ME(PARENTS ONLY).			
B.			
1. THE RECOMMENDATIONS SUGGESTED IN THE REPORT CAN BE IMPLEMENTED AT HOME OR AT SCHOOL.			
2. THE RECOMMENDATIONS SEEM TO FLOW FROM THE CONTENTS OF THE REPORT.			
3. I HAD THE OPPORTUNITY TO DISCUSS THE RECOMMENDATIONS WITH THE PSYCHOLOGIST(PARENTS AND TEACHER)			
4. THE RECOMMENDATIONS WERE CLEARLY STATED.			
C.			
1. THE PRESENCE OF A PSYCHOLOGIST ON CAMPUS IS CLEARLY ADVANTAGIOUS TO OTHER METHODS OF PROVIDING PSYCHOLOGICAL SERVICES(EG. PUBLIC SCHOOL EVALUATION)			
2. MY OVERALL REACTION TO THE PROCESS HAS BEEN POSITIVE.			
3. I WOULD CONSIDER UTILIZING THIS RESOURCE AGAIN.			
4. THE DAILY ADMINISTRATION OF THIS PROGRAM IN FEASIBLE IN ITS PRESENT FORM.			

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